



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

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## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

**Requestor Name**

Texas Bone & Joint Center

**Respondent Name**

Service Lloyds Insurance Company

**MFDR Tracking Number**

M4-15-0230-01

**Carrier's Austin Representative**

Box Number 01

**MFDR Date Received**

September 16, 2014

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "Physical Therapy services were denied in error stating services provided to the above referenced patient partially provided by another provider. **Per Texas Regulation 133.20 #2 health care provided by an unlicensed individual under the direct supervision of a licensed health care provider the supervising health care provider shall submit the bill, in this case an unlicensed rehab tech provided services under direct supervision of Dr. Chavda.** Please review the attached documentation to correct your error. We are requesting payment in full at this time due to the fact this was a clean claim."

**Amount in Dispute:** \$354.00

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** "CorVell Corporation has upheld the denial of charges with ANSI Reason Code B20 – Service partially/fully furnished by another provider in accordance with Texas Administrative Code Rule 133.20(e)(2) which indicates '*a medical bill must be submitted in the name of the licensed HCP that provided the health care or that provided direct supervision of an unlicensed individual who provided the health care.*' Based on the documentation provided, the rendering health care provider (HCP) was Daniel Brown, D.C. and Deepak Chavda, M.D. signed off as Supervising, however the bills were submitted with Deepak Chavda, M.D. listed in Box 31. Daniel Brown, D.C. has a valid license of DC10586TX. As required by the Texas Administrative Code the charges in question should have been submitted for review 'in the name of the licensed health care provider that provided the health care or that provided direct supervision of an unlicensed individual who provided the health care' [Texas Administrative Code Rule 133.20(e)(2)]."

**Response Submitted by:** CorVel Corporation

### **SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 22, 2014	Physical Therapy (97530 & 97110)	\$354.00	\$0.00

### **FINDINGS AND DECISION**

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

### **Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.10 sets out the procedures for completing medical bills from health care providers.
3. 28 Texas Administrative Code §133.20 sets out the procedures for submission of medical bills from health care providers.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:
  - B20 – Service partially/fully furnished by another provider
  - 193 – Original payment decision maintained
  - Note: “MD can only bill for unlicensed provider; rendering provider is licensed per notes. Daniel Brown DC is rendering HCP”
  - Note: “The notes are signed by the DC with his DC license number on the notes. Appeal letter stating a unlicensed tech did the service is incorrect per the documentation submitted by the provider for this date of service.”

### **Issues**

1. Did the requestor submit a bill for the disputed services according to 28 Texas Administrative Code §133.20?
2. Is the requestor entitled to reimbursement?

### **Findings**

1. The insurance carrier denied the disputed charges stating, “Service partially/fully furnished by another provider.” 28 Texas Administrative Code §133.20 (e) states, “A medical bill must be submitted: (2) in the name of the licensed health care provider that provided the health care or that provided **direct supervision of an unlicensed individual** who provided the health care.” The requestor states that “an unlicensed rehab tech provided services under direct supervision of Dr. Chavda.”  
Review of the submitted documentation does not support the requestor’s claim. The documentation indicates that the therapist who signed the record has license number 10586. Therefore, as a licensed health care provider, the medical bill is required to be submitted in this provider’s name, not the supervising physician, in accordance with 28 Texas Administrative Code §133.20.
2. The insurance carrier’s denial of the service was supported. Therefore, the requestor is not entitled to reimbursement of the disputed charges.

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

### **ORDER**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

### **Authorized Signature**

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Signature	Laurie Garnes Medical Fee Dispute Resolution Officer	February 10, 2015 Date

### ***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**